

born alive. The question was, whether it was due to the head impinging on the pelvic bones. Dr. Matthews Duncan remarked that he had not said a word in favour of or against podalic version or forceps, but had pointed out certain points which must be decided. The strength of the materials must first be known. The vertebral column gave way before the soft parts, and 15 pounds extra could be put on after the spinal column had given way. As a rule, 100 pounds of traction must not be used, or decapitation would be the result. The question had been raised whether a living body would bear more force than a dead one. He thought that a fresh fœtus was as strong as a living one. Casper said that the dead body was far stronger than the living; but it was wrong; there was no difference as long as the body was fresh. Nothing erroneous had been pointed out in his paper. There was much difference in the force employed. A child might be torn to pieces if more than a certain force were applied. Two or three people might swing with the forceps on the fœtus; but, if the feet were grasped, one was sufficient to tear it asunder. The deformity of the head made a great difference; it was a question of fireside opinions *versus* bedside opinions. Experiments on the dead fœtus threw much light on the subject.

54. *A Source of Puerperal Fever.*—M. CHAUFFORD, in the course of a debate at the meeting of the *Société Médicale des Hôpitaux* (Oct. 9, 1874), asserted that every suppurative, every disease which produced morbid discharges, if in the vicinity of women in childbed, would give rise in the latter to puerperal fever. Thus he explained the great mortality of women in wards where they are in contact with nurses and children under two years of age. In his service at Neckar Hospital M. C. has for a long time remarked that this proximity is most pernicious; that when he opens an abscess in the bosom of the nurses, or when he observes infants affected with purulent ophthalmia or erysipelas, he is sure to find in a short time puerperal troubles of greater or less severity.

M. C. called the attention of the administration to this dangerous condition for puerperal women, and to the necessity for their absolute isolation.—*Gazette Hebdom.*, Oct. 16, 1874.

55. *Hydrate of Chloral in Puerperal Eclampsia.*—M. FANNY, in a thesis published in 1874 (*Revue des Sciences Médicales*, July), records several cases of puerperal eclampsia treated by chloral. The patients were admitted into the maternity wards of the Charité and Cochin Hospitals. Hydrate of chloral was administered both internally by hypodermic injection, and was introduced into the stomach and rectum. In one case a subcutaneous injection of hydrate of chloral was given by means of a large Pravaz's syringe. Five hypodermic injections were given to this patient without any ill consequences to the subcutaneous cellular tissue.

The two following statistical statements are extracted from M. FANNY's thesis:—

1. Chloral given after other preliminary treatment, bleeding, leeches, purgatives, revulsives, anæsthetics, etc.; women treated 16, cured 14, died 2.

2. Chloral given alone: women treated 20; lost sight of 1, cured 19.

The results obtained by the use of this agent are, therefore, very encouraging, and M. Fanny believes himself authorized to draw the following conclusions: Hydrate of chloral affords, at the present time, the best treatment for puerperal eclampsia. It is indicated not only when the attacks openly declare themselves, but also when any symptoms suggest coming trouble.

Dr. CHARRIER's case, published in the *Annales de Gynécologie* for Jan. 1874, is also strongly in favour of the use of chloral in puerperal eclampsia.

A young woman, the daughter of neuropathic parents, suffered two attacks of puerperal eclampsia, in the middle of the ninth month of her pregnancy. Two injections, each containing four grammes of chloral, were given to her. On the occasion of a third, but slight attack, a third injection of two grammes of chloral was administered. Dr. Charrier induced premature labour by dilating the os uteri by means of India-rubber bags filled with tepid water. The mother and child were in good health when this case was published. The child, when

two months old, had three eclamptiform convulsive attacks; four small teaspoonfuls of syrup of chloral were given, and the attacks never reappeared.—*London Medical Record*, Oct. 28, 1874.

56. *Tow Pessary*.—Dr. EDWARD COPEMAN says (*Brit. Med. Journ.*, Oct. 24, 1874) he is inclined to the belief that a tow pessary might, in many cases, be used with success, and it has the merit of being incapable of doing injury to the parts with which it is in contact. It is easy of introduction; indeed, his patient soon learned to introduce it for herself. Being a compressible material, the tow would not keep the vaginal walls constantly on the stretch, like a solid body, but would rather allow them to contract gradually upon it, and thus prevent their losing their resilient power. The linen with which it is covered at the top and sides affords an easy means of withdrawing the tow for purposes of cleanliness, and the pressure which the tow exercises on the soft parts is equable, and so distributed that it causes no pain in any part with which it is in contact. Moreover, it is not liable to be displaced by any pressure or weight exerted upon it by the uterus itself or by muscular efforts in defecation, for it clings, as it were, to the walls of the vagina; and this, combined with the resistance of the sphincter, effectually prevents it from being displaced. I am very sanguine in the opinion that a *tow pessary* will be found useful in various cases where pessaries are usually employed; but, at all events, I feel sure it will be found a most serviceable and effective means of removing the difficulties and annoyances of a *complete prolapsus of the uterus*.

Dr. C. states that he chanced one day to be in the Norfolk and Norwich Hospital when Dr. Crosse examined a patient with prolapsus uteri, "and he asked me whether I thought an operation he contemplated would be likely to afford relief. The uterus was quite extruded, and, when he returned it into the vagina, the folds of the vagina were so loose and redundant, that he proposed removing a considerable portion on each side, in the hope that, in healing, it might afford effectual support to the uterus and prevent its further extrusion. The matter was left open for further consideration; but I suggested meanwhile that he should reduce the uterus and plug the vagina with some tow which was lying at hand, covered at the top by, and partially inclosed in, a piece of linen greased on the outside to facilitate its introduction. This was effectually done, and, although nearly half a roll of tow was used, it produced no inconvenience either to the bladder or the bowel. It maintained the uterus in its place, and was renewed as often as appeared necessary for cleanliness. Soon the patient was enabled to renew it herself; and, after a week or two, she was discharged from the hospital and advised to continue the same plan. I heard of her some time afterwards, and ascertained that the uterus never came down now, and that she could even dispense with the tow pessary, except when over the wash-tub, at which times she *thought it prudent* to apply it. She had not been so well for years."

57. *Gastro-hysterotomy*.—Dr. GRANDESSO SILVESTRI believes that by the use of the metallic suture in cases of gastro-hysterotomy, union by the first intention of the incision in the uterus may be effected, and suppuration of the wound and the serious effects of suppuration and effusion into the perineum thus be prevented.

In one case in which he employed these sutures the case resulted favourably both for mother and child.

In a second one the result was not so favourable, the patient dying thirty hours after the operation; but the autopsy showed that union by the first intention had been accomplished.